PROB 8
(WD/KY 06/02)

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF _____ , 20 ____ .

Name:	Court Name *(if different)*:

PART A: RESIDENCE *(If new address, attach copy of lease/purchase agreement.)*

Street Address, Apt. Number: Own or Rent?	Home Phone: Cellular Phone: Pager:
City, State, Zip Code:	Persons Living With You:
Secondary Residence: Own or Rent?	Did you move during the month? ☐ Yes ☐ No
Mailing Address *(if different)*: E-Mail Address:	If yes, date moved: _____ Reason for Moving:

PART B: EMPLOYMENT *(If unemployed, list source of support under Part D.)*

Name, Address, Phone No. of Employer:	Name of Immediate Supervisor:	Is your employer aware of your criminal status: ☐ Yes ☐ No
_____	How many days of work did you miss? _____ Why?	
_____	Position Held:	Gross Wages:	Normal Work Hours:
_____			

Did you change jobs? ☐ Yes ☐ No Were you terminated? ☐ Yes ☐ No	If changed jobs or terminated, state when and why:

PART C: VEHICLES *(List all vehicles owned or driven by you.)*

1. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:
		Vehicle I.D.#:	
2. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:
		Vehicle I.D.#:	

PART D: MONTHLY FINANCIAL STATEMENT

Net Earnings from Employment: *(Attach Proof of Earnings)* _____	Do you rent or have access to: a post office box? ☐ Yes ☐ No a safe deposit box? ☐ Yes ☐ No a storage space? ☐ Yes ☐ No
Other Cash Inflows: _____	Name and Address of Location: Box No. or Space
TOTAL MONTHLY CASH INFLOWS: _____	_____
TOTAL MONTHLY CASH OUTFLOWS: _____	_____
	_____

Do you have checking ☐ Yes ☐ No Bank Name: _____ Account _____ Balance: _____ Do you have savings account(s)? ☐ Yes ☐ No Bank Name: _____ Account _____ Balance: _____ Attach a complete listing of all other financial account information, if you have multiple accounts.	Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward? ☐ Yes ☐ No Bank Name: _____ Account No.: _____ Balance: _____

List all expenditures over $500 (including e.g., goods, services, or gambling losses)

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH	
Were you questioned by any law enforcement officers? ☐ Yes ☐ No If yes, date: _____ Agency: _____ Reason: _____	Were you arrested or named as a defendant in any criminal case? ☐ Yes ☐ No If yes, when and where? _____ Charges: _____ Disposition: _____

(Attach copy of citation, receipt, charges, disposition, etc.)

Were any pending charges disposed of during the month? ☐ Yes ☐ No If yes, date: _____ Court: _____ Disposition: _____	Was anyone in your household arrested or questioned by law enforcement? ☐ Yes ☐ No If yes, whom? _____ Reason: _____ Disposition: _____
Do you have any contact with anyone having a criminal record? ☐ Yes ☐ No If yes, whom? _____	Do you possess or have access to a firearm? ☐ Yes ☐ No If yes, why? _____
Did you possess or use any illegal drugs? ☐ Yes ☐ No If yes, type of drug: _____	Did you travel outside the district without permission? ☐ Yes ☐ No If yes, when and where? _____

Do you have a special assessment, restitution, or fine?   ☐ Yes   ☐ No   If yes, amount paid during the month:

Special Assessment: _____   Restitution: _____   Fine: _____

NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.

Do you have community service work to perform? ☐ Yes ☐ No Number of hours completed this month: _____ Number of hours missed: _____ Balance of hours remaining: _____	Do you have drug, alcohol, or mental health aftercare? ☐ Yes ☐ No If yes, did you miss any sessions during this month? ☐ Yes ☐ No Did you fail to respond to phone recorder instructions? ☐ Yes ☐ No If yes, why? _____

WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE, OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A $250,000 FINE, OR BOTH. **(18 U.S.C. § 1001)**	I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT. _____ _____ SIGNATURE DATE
REMARKS: _____ _____ U.S. Probation Officer Date	RECEIVED: _____ Mail _____ OC _____ HC _____ CC RETURN TO: **US PROBATION OFFICER 400 US COURTHOUSE 601 WEST BROADWAY LOUISVILLE KY 40202-2277**